



- Industrial Gases & Welding Supplies
- Welding Equipment Repair & Rental
- Bulk & MicroBulk Gases
- Specialty Gases
- Beverage Gases

Employment Application

Commercial Driver Only

Name _____
 (Last) (First) (Middle)

Current Address: _____
 Address for Last 3 Years: _____ City, State & Zip _____

Prior Address: _____ No. of years at Residence: _____

Prior Address: _____ No. of years at Residence: _____

Phone # () _____ Soc Sec # _____ Date of Birth: _____

Driver's License # _____ Expiration Date: _____ State _____ Class _____ Type _____

Available Full Time: Yes No Part-Time Yes No Salary Requirement: _____

Are you available to work overtime when asked? Yes No

Are you eligible to work in the U.S.? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of a crime? Yes No*

City/State _____ Charge: _____

Please explain _____

* Conviction of a crime will not necessarily bar you from employment.

Circle Highest Grade Completed	Grade School	High School	College
	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4

Last School Attended _____
 (Name) (City, State)

Last Employer: Name _____ Supervisor: _____

Phone: () _____ Position: _____ Salary _____

From _____ To _____ Reason For Leaving: _____

2nd Last Employer: Name _____ Supervisor: _____

Phone: () _____ Position: _____ Salary _____

From _____ To _____ Reason For Leaving: _____

3rd Last Employer: Name _____ Supervisor: _____

Phone: () _____ Position: _____ Salary _____

From _____ To _____ Reason For Leaving: _____

4th Last Employer: Name _____ Supervisor: _____

Phone: () _____ Position: _____ Salary _____

From _____ To _____ Reason For Leaving: _____

You must list the last 10 years of employment if employed as a CDL Driver

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Company: _____	Reason: _____

MILITARY	Did you serve in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No What Branch? _____
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PREVIOUS DRIVING EXPERIENCE

Have you been employed as a driver by other motor carriers prior to date of this application? Yes No
 If so, how long did you operate straight trucks _____ tractors and semi-trailers _____
 What types of freight did you transport? _____
 List states operated in for last five years.: _____

 Which safe driving awards do you hold and from whom: _____

ACCIDENT RECORD

List all accidents in which you were involved as a driver during the preceding 3 years.

Date	Nature	# of Fatalities	# of Injuries
1.			
2.			
3.			

TRAFFIC VIOLATION RECORD

List all violations of motor vehicle law or ordinances (other than parking) of which you were convicted or forfeited bond or collateral during the three years preceding date of this application.

Date	Type	Location
1.		
2.		
3.		

Special Training Relevant To Position You Are Applying For: _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling Systems		
Air Conditioning			Inspections		
			General Car Repair		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing		
Sheet Metal Equipment			General Car Care		
Frame & Axle Straightening Equip.			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder (MIG)			Engine Analyzer		
Oxyacetylene welder			Hand Held Diagnostic Tool		
Paint Spray Gun/Body/Repair			Smoke Measuring Equip.		
Air Conditioning			Inspections (State/Federal)		
			P.C. Service Tool		

References:

Name	Association	Phone
1.		
2.		

Two Emergency Contacts:

Name	Relationship	Address	Phone
1.			
2.			

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by the rules and policies of the employer.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ **Applicant's Signature** _____